

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14238

State File No. ....

FILED MAY 12 1955

BIRTH NO. ....		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>547</u>		Registrar's No. <u>955</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond Heights</u>		c. LENGTH OF STAY (If applicable) <u>7 yrs.</u>		c. CITY OR TOWN <u>Richmond Heights</u> <u>50</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>				STREET ADDRESS (If rural, give location) <u># 9 Thorndell Drive</u> <u>400</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Catherine</u>		b. (Middle) <u>J.</u>		c. (Last) <u>Rice</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 25, 1955</u>			
5. SEX <u>F.</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u>		8. DATE OF BIRTH <u>Dec. 2, 1900</u>			
9. AGE (In years last birthday) <u>54</u>		IF UNDER 1 YEAR <u>4</u> Months		IF UNDER 1 YEAR <u>23</u> Hours		IF UNDER 1 YEAR <u>5</u> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sec. Log Cabin Fur Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FUR</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>George Taylor</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine J. Doyle</u>		14. NAME OF HUSBAND OR WIFE <u>Mr. Edward A. Rice</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>486-18-1593</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Edward A. Rice, # 9 Thorndell Drive</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the ovary</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  INTERVAL BETWEEN ONSET AND DEATH				19. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>175x</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Feb 6, 1955</u> , to <u>April 24, 1955</u> , that I last saw the deceased alive on <u>April 24, 1955</u> and that death occurred at <u>2:30</u> a. m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Michael M. Karl, M.D.</u>		(Degree or title)		23b. ADDRESS <u>4652 Maryland</u>		23c. DATE SIGNED <u>4-25-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>April 28, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>4/26/55</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Plomke, M.D.</u>		FUNDAL DIRECTOR'S SIGNATURE <u>Arthur J. Donnelly</u>		ADDRESS <u>3840 Lindell Blvd.</u>			

(Licensed Embalmer's Statement on Reverse Side)

9 S.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Francis Williams

Licensed Embalmer No. 356

P. O. Address 3840 Lin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.